ACADEMY of EXCELLENCE

South Campus 633 S 12th St 414-369-2193 North Campus 3814 W North Ave 414-212-8023
Windlake 2552 S 19th St 414-763-3449

Student Information

Student Name: _____ Grade: _____

Gender: Boy Girl **Birthday _____ Language Spoken In home: _____**

Race/Ethnicity: African American Asian White American Indian Hispanic

Parent Information

Mother/Female Guardian

_____

Work Phone _____ Home Phone _____ Cell Phone _____

Father/Male Guardian

_____

Work Phone _____ Home Phone _____ Cell Phone _____

Who does child live with? :

_____

Emergency Information

The well being of every child is very important. Frequently, when children become ill or injured we find it difficult to locate the

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parent/guardian. The following information about your child will help us in the event of an emergency. Please keep this information current.

Please list 3 relatives/friends who can be contacted if parent/guardian cannot be reached.

Name: _____ Phone:

_____

Name: _____ Phone:

_____

Name: _____ Phone:

_____

Name: _____ Phone:

_____